

# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

<b>Establishment Name</b> WALGREENS #04447 (SPRING ST)	<b>Telephone Number</b> Est 812-949-5015 Own 847-527-4897	<b>Date of Inspection</b> 03/03/2022	<b>ID#</b>
<b>Address</b> 1702 EAST SPRING STREET, NEW ALBANY IN 47150			
<b>Owner</b> WALGREEN CO.	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 03/13/2022
<b>Owner's Address</b> PO BOX 901 DEERFIELD, IL 60015		<b>Menu Type</b> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
<b>Person in Charge</b> CLINT BELL			
<b>Responsible Person's Email</b> MGR.24447@STORES.WALGREENS.COM			
<b>Certified Food Handler</b>			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected

Summary of Violations      C      NC      R

Received by (name and title printed):

Inspected by (name and title printed):

Thomas Snider CFS

Received by (signature):

Inspected by (signature):

*Thomas Snider*

cc:

cc:

cc: